

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 10 1944

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No.

Registrar's No. 1015

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Homes II
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days years, months or days)

3. (a) PRINT FULL NAME Haskell Mueller (MILLER)
3. (b) If veteran, name war No.
3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife CECILIA 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 unknown hr. min.

9. Birthplace Austria (City, town, or county) (State or foreign country)

10. Usual occupation unknown - Dealer

11. Industry or business unknown - JUNK

12. Name Jacob MUELLER

13. Birthplace HUNGARY (City, town, or county) (State or foreign country)

14. Maiden name MATA GLOCKER

15. Birthplace HUNGARY (City, town, or county) (State or foreign country)

16. (a) Informant Jack L. Mueller

(b) Address 5746 Kingsbury - St. Louis

17. (a) BURIAL (b) Date thereof 4-30-44 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Sheh Emet

18. (a) Signature of funeral director Odenbacher

(b) Address 4469 Washington

19. (a) MAY 2 - 1944 (b) E. S. McRae (Date received local authority) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town BALLWIN ST. LOUIS MO
(If outside city or town limits, write "RURAL")
(d) Street No. Box 12 1410 Montclair
(If rural, give location)
(e) Citizen of foreign country? UNKNOWN (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1944 hour 6 minute 17 P. M.

21. I hereby certify that I attended the deceased from April 24 to April 28, 1944
that I last saw him alive on April 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions Chronic Parotitis (Parotitis)
(Include pregnancy within 3 months before death) Chronic Sclerosis

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature R. H. Jansen (M. D. or other)

Address Manchester Mo Date signed 4/30/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. J. Penkard

Licensed Embalmer No. *3669*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.